

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/500565

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8			1			
9				1		
10				2		
11				1		
12				1		
13				1		
14				2		
15				2		
16				1		
17				1		
18				1		
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50						
TOTAL IND.	1		2			
TOTAL DEP.				37		
TOTAL CLAIMS	1		2	37		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						